



Office of Emergency Medical Services and Trauma System

PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853



TRAINING, CME, AND SKILLS MAINTENANCE DOCUMENTATION

This form may be used for the documentation of initial training, Continuing Medical Education (CME), Ongoing Training and Evaluation Programs (OTEP), and skills maintenance [Intermediate Life Support (ILS) and Advanced Life Support (ALS) only]. **The documentation and retention of original training completion documents is the responsibility of each certified individual. Complete a separate form for each of the following educational areas: (A) – Initial Training, (B) – CME, (C) – OTEP, or (D) – Skills maintenance.**

(Name) _____ has successfully completed:

A. _____ Hour Department-approved Initial Training Course for _____

B. _____ Hours of MPD-approved CME on _____

C. OTEP - List each lesson or skill completed below:

*D. _____ Intubations _____ IV Insertions _____ Other, list: _____

Comments:

NOTE: Required Signatures: (A)-MPD/delegate, SEI (BLS) or MPD approved ILS/ALS instructor. (B)-MPD/delegate or CME instructor. (C)-MPD/delegate, OTEP instructor (didactic), or EMS evaluator (skills). (D) - MPD/delegate or EMS Evaluator.

Printed Name

Signature

Completion Date

Phone Number

* Enter number completed and "H" for Human or "M" for Mannequin